

SYJCC DAY CAMPS

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REQUEST FOR ADMINISTRATION OF MEDICINE

This form must accompany all medications (Over-The-Counter and Prescriptions) that are kept and administered at camp.

DO NOT RETURN THIS FORM UNLESS ACCOMPANIED BY ANY MEDICATIONS

In order for medications to be administered at The SYJCC Day Camp, State Law requires that we receive a written request from your family physician which is signed by both physician and parent. The form must show the frequency, dosage, and side effects, and must be on file.

**CHILD'S
NAME** _____

To Be Completed By a Parent or Guardian:

1. I request that The SYJCC Day Camp administer the medication(s) requested by my physician to my child.
2. I will deliver the medication(s) directly to The SYJCC Day Camp in a container labeled by the pharmacist which includes the name and dosage of the medication.

Date _____ Relationship _____ Signature _____

_____ To Be Completed and Signed By The Physician:

DIAGNOSIS	MEDICATION: Prescription or over-the-counter	Strength/ Dosage	Frequency	Side Effects To Expect or Report	Special Dispensing Instructions

Date _____ Physician's Signature &
Stamp _____